

**Donors must be approved at each donation**

**(discussion, PE, Hb)**

**At each donation**

**HBsAg,**

**HCV-Ab,**

**HIV1-2 Ag e Ab,**

**HBV-DNA,**

**HCV-RNA,**

**HIV-RNA**

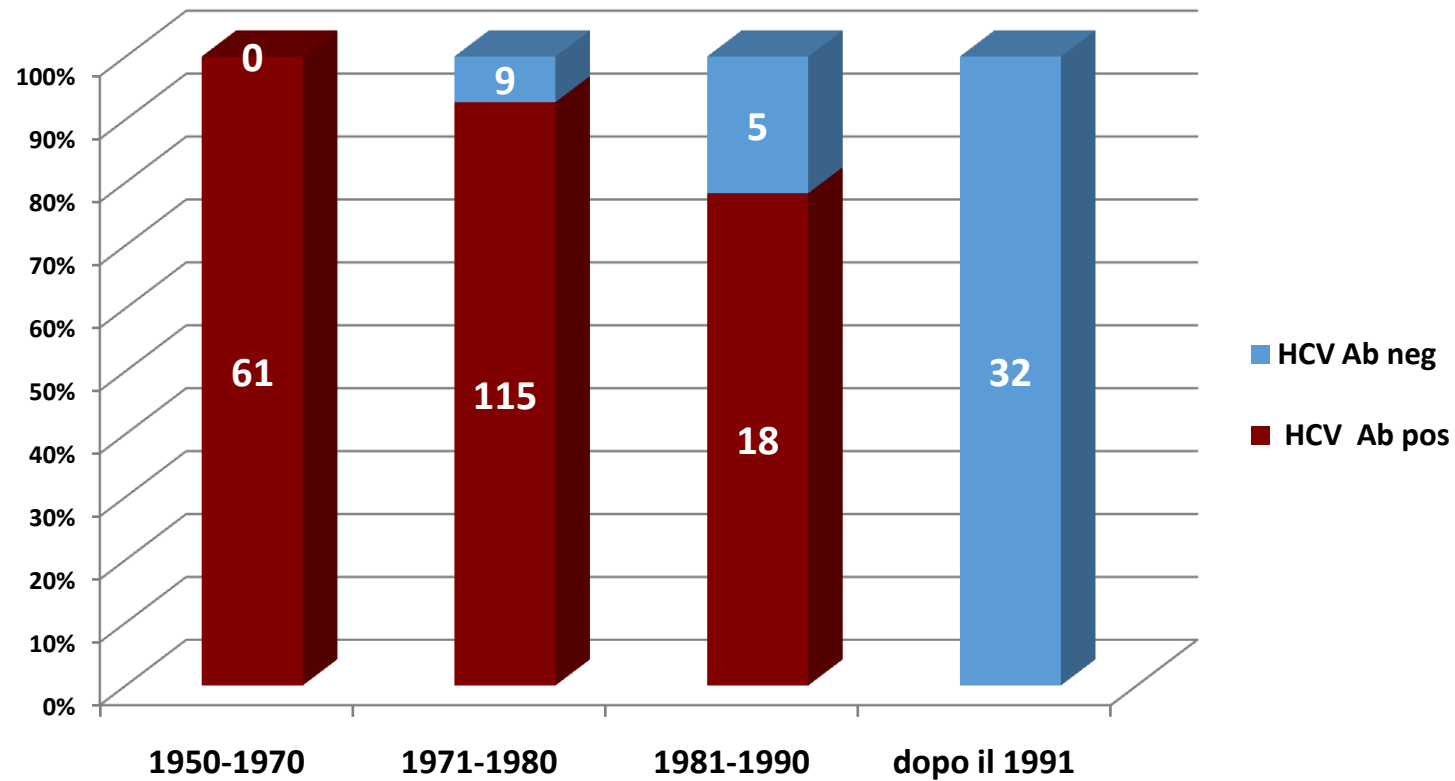
**Syphilis**



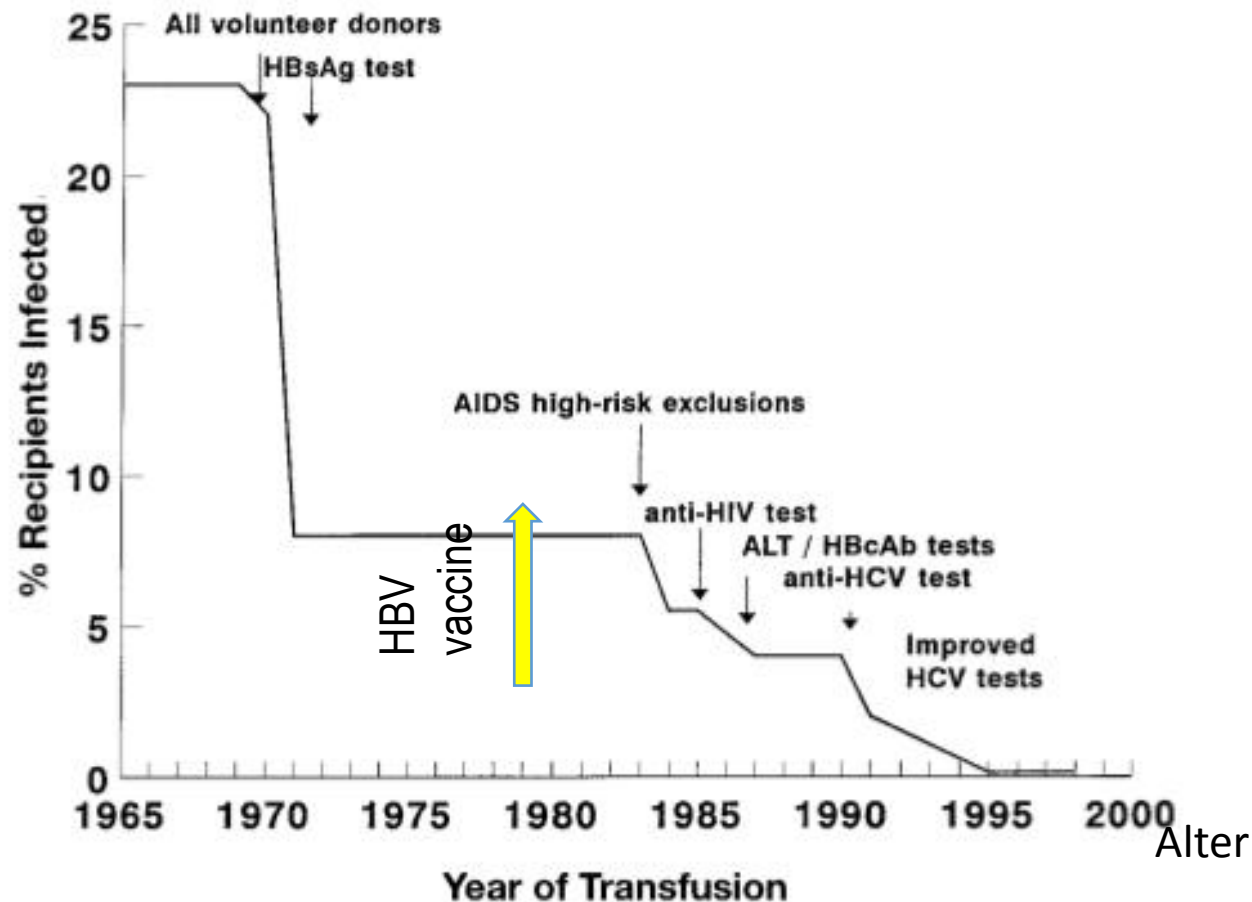
# Current risk of receiving infectious blood after Nucleic Acid Testing

- HBV : 1/500.000
- HCV : 1/2.000.000
- HIV : 1/2.000.000

# Decrease HCV infection in Ferrara by year of birth



# Causes of decline in post transfusion HCV infection



# Emerging viruses

- **West Nile Virus**
- **Chikungunya**
- **Zika**

d/c all donations for 28 days  
after traveling in endemic zone  
If not possible NAT for WNV(Routine)  
CKG (few centers)  
Not available for Zika

- **CKG**
- **Malaria**

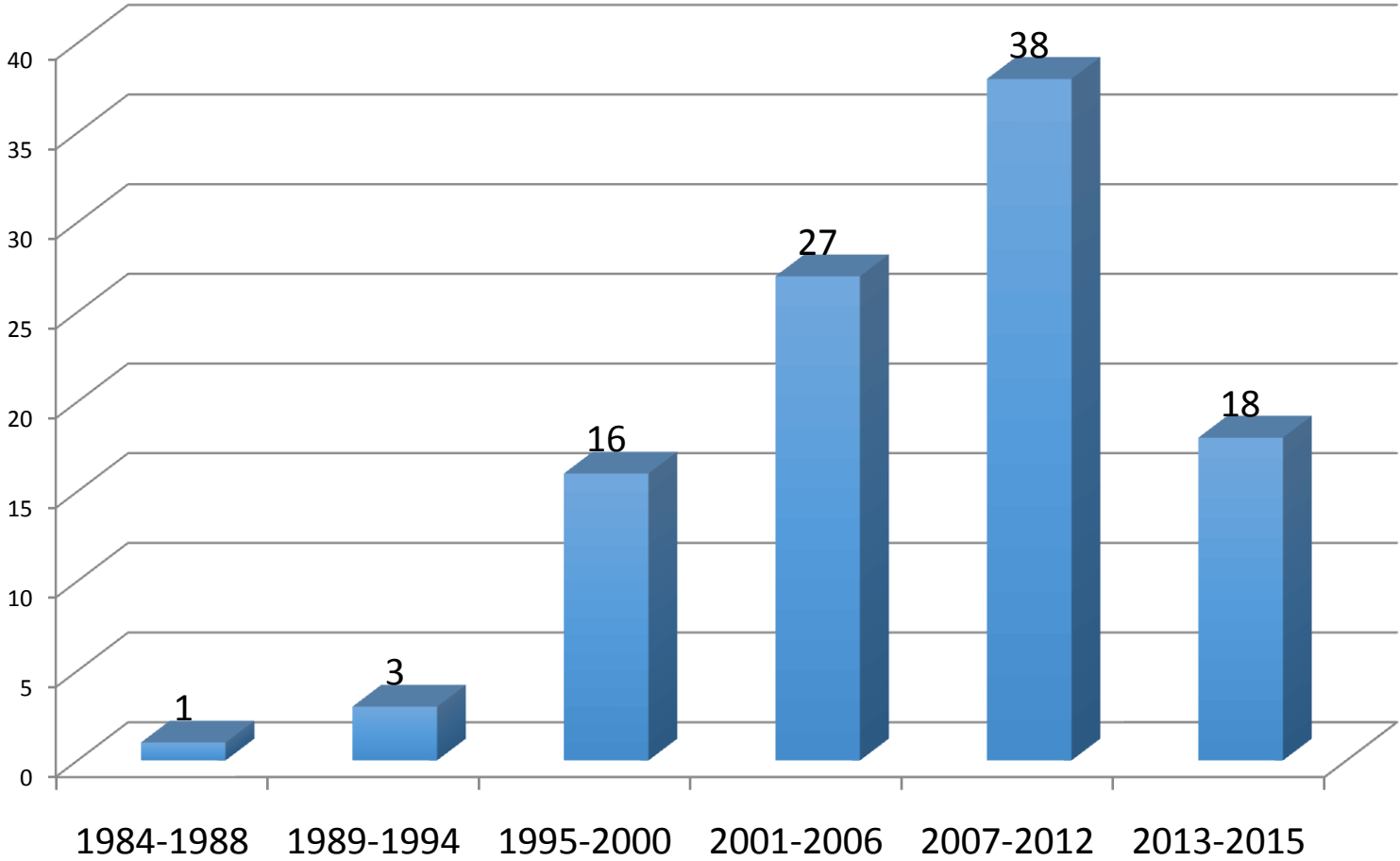
d/c in and from Rome since yesterday  
d/c in and from Greece since last week

# Prevalence of HCV infection in Thal Pts

- **In 1992 screening of donors**
- **In Italy 85% thal patients were found to be positive (>60% genotype 1b)**
- **Decreased in the last 20 years**

# HCC

121 cases were reported up to 2015







# Therapy

- Peg IFN + RBV SVR 25-64%

## Study ITHACA-SITE

- DAAs in Thal 139 pts
- 12 weeks after end of therapy 93.5% SVR

Significant reduction of ferritin levels

*Origa et al. submitted*

# AIFA Criteria

1. patients with cirrhosis Child A or B **and/or HCC** responsive to surgery or loco regional therapy
2. Recurrent HCV-RNA hepatitis in transplanted liver
3. Chronic severe HCV hepatitis with cryoglobulin syndrome, B cell lymphoproliferative disease
4. Metavir 3
5. Waiting for transplant for >2 mo
6. Chronic hepatitis after BMT or organ transplantation Metavir >2
7. Chronic hepatitis metavir F0-F2 (simeprevir)

# AIFA Criteria

Thanks to the pressure of SITE and the results reported

Aifa has now accepted the treatment of all patients with Hbpathies, independently from the severity criteria cited before.